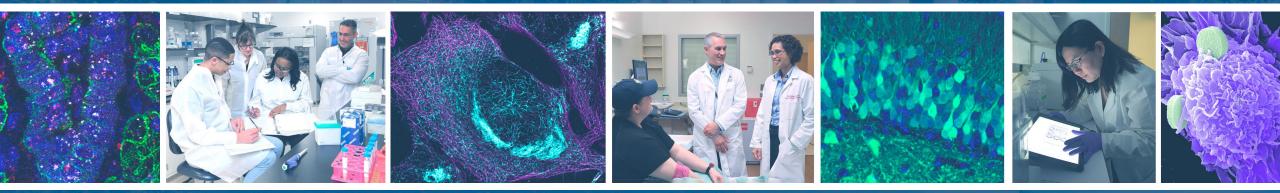
Improving Health Through Biomedical Research: Guiding Principles and an Orientation to NIH

University of Kentucky June 10, 2024





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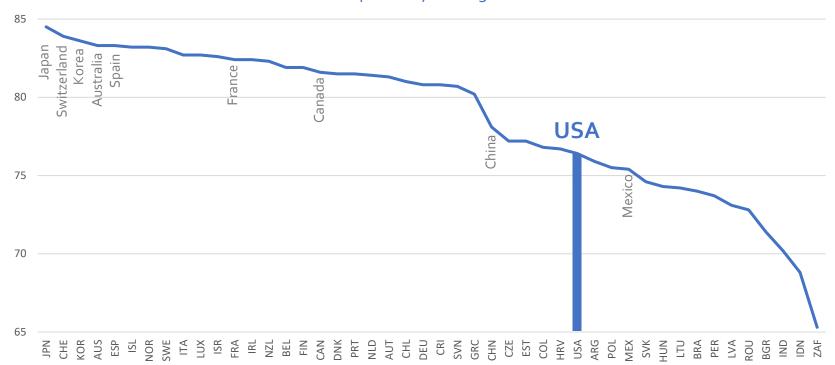
Topics for Today

- Introduce myself
- Disturbing trends in health
- Guiding principles and NIH priorities
- An introduction to NIH
- NIH Funding



The health of the U.S. population is declining.

U.S. life expectancy ranks low among peers



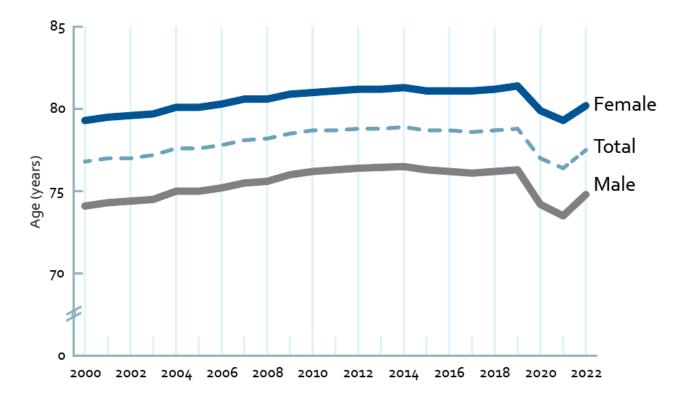
2021 Life Expectancy Throughout World³

(1) National Academies of Sciences, Engineering, and Medicine. 2021. *High and Rising Mortality Rates Among Working-Age Adults*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25976. (2) Arias E, Kochanek KD, Xu JQ, Tejada-Vera B. Provisional life expectancy estimates for 2022. Vital Statistics Rapid Release; no 31. Hyattsville, MD: National Center for Health Statistics. November 2023. https://dx.doi.org/10.15620/cdc:133703.

(3) Chart data: OECD (2024), Life expectancy at birth (indicator). DOI: 10.1787/27e0fc9d-en (Accessed on 10 January 2024)

U.S. life expectancy is no longer steadily increasing

Life expectancy at birth, by sex: United States, 2000–2022



NOTES: Estimates are based on provisional data for 2022. Provisional data are subject to change as additional data are received. Estimates for 2000–2021 are based on final data. SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.

Working-age adults are dying at higher rates

The National Academies of SCIENCES • ENGINEERING • MEDICINE

CONSENSUS STUDY REPORT

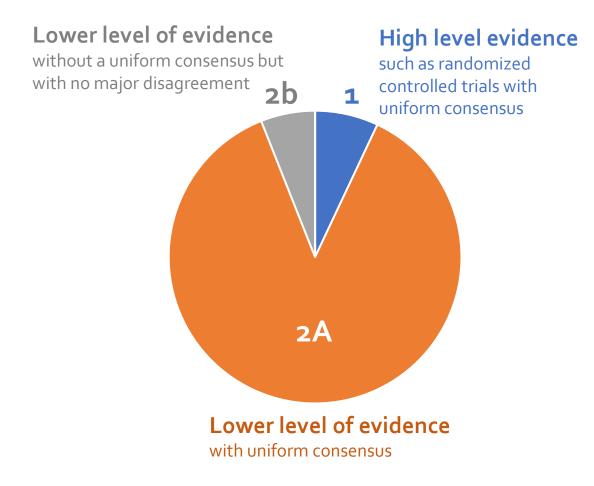


2021 NAS report: Mortality increased among adults ages 25-64 years from 1990 to 2017.

Main drivers:

- Drug poisonings and alcoholinduced causes
- Suicide
- Cardiometabolic diseases

Levels of evidence supporting treatment guidelines



> Int J Cancer. 2021 Jan 15;148(2):429-436. doi: 10.1002/ijc.33215. Epub 2020 Aug 14.

Category of evidence and consensus underlying National Comprehensive Cancer Network guidelines: Is there evidence of progress?

Aakash P Desai ¹, Ronald S Go ², Thejaswi K Poonacha ³

NCCN Levels of Evidence

7%	Category 1:	High level evidence such as randomized controlled trials with uniform consensus
87%	Category 2A:	Lower level of evidence with uniform consensus
6%	Category 2B:	Lower level of evidence without a uniform consensus but with no major disagreement
0%	Category 3:	Any level of evidence but with major disagreement

People who are not adequately represented in clinical research

• Are older

- Live in rural locations
- Are uninsured
- Belong to minority groups
- Have co-morbid conditions
- Are more likely to receive non-standard treatment

Guiding Principles



Our work is not finished when we deliver scientific discoveries, our work is finished when all people are living long and healthy lives.







NIH research encompasses the laboratory, the clinic, and the community.



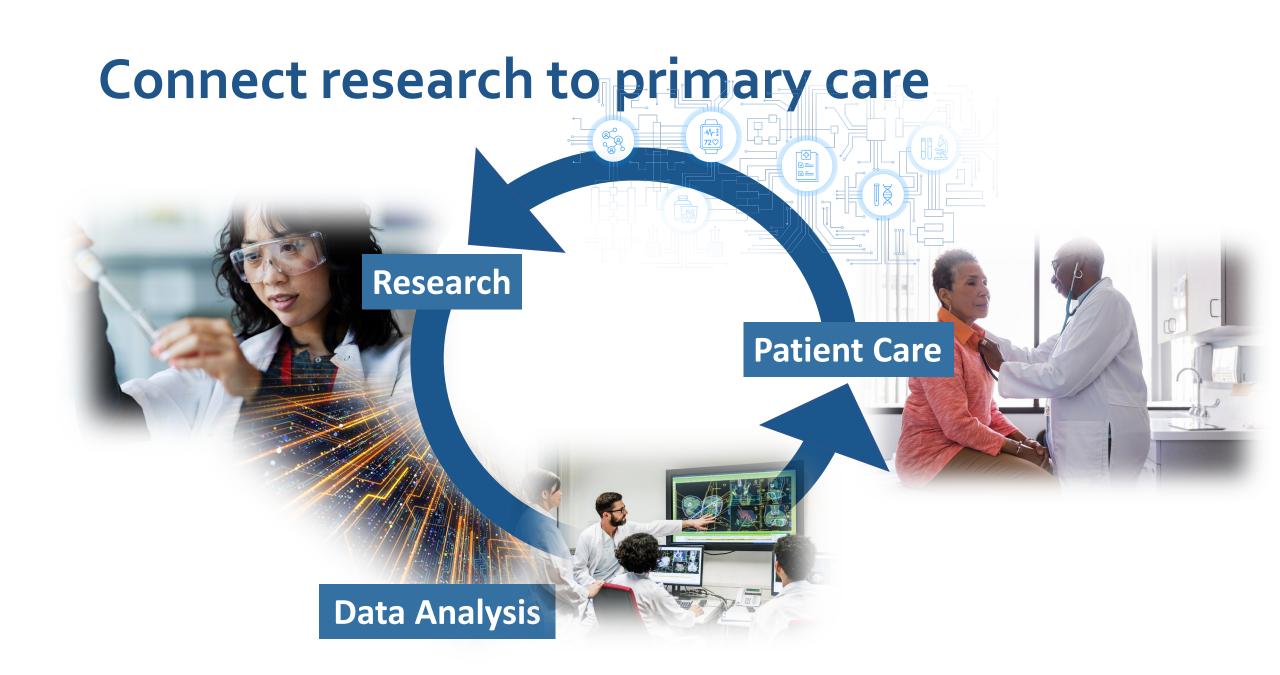


Progress is accelerated when advanced scientific methods, such as new data analytics, are applied to data that includes everyone, and when new discoveries are rapidly and equitably adopted in clinical care.



What Should NIH Do?

0



Community-based primary **C**are practices **A**dvancing **R**esearch **E**quity **for Health**

CARE for Health™

Conduct research addressing issues important to diverse communities, particularly those underrepresented in biomedical research

Achieve longitudinal collection of clinical data to address health across the lifespan

Reduce burden on providers using innovative data collection methods

IncreaseImproveadherence toefficiencyevidence-of carebased caredelivery



Engender trust in science by addressing community needs

NIH 101

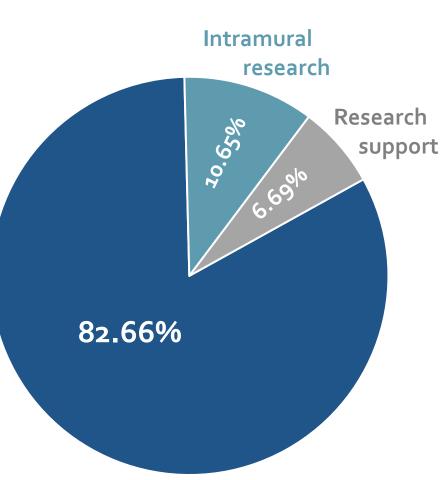
NIH Institutes and Centers

Cancer (NCI)	Eye (NEI)	Heart, Lung & Blood (NHLBI)	Human Genome (NHGRI)	Aging (NIA)	Alcoholism (NIAAA)
Allergy & Infectious Diseases (NAID)	Arthritis, Musculoskeletal & Skin Diseases (NIAMS)	Biomedical Imaging & Engineering (NIBIB)	Child Health (NICHD)	Deafness & other Comm. Disorders (NIDCD)	Dental & Craniofacial (NIDCR)
Diabetes & Digestive & Kidney (NIDDK)	Drug Abuse (NIDA)	Environmental Health (NIEHS)	General Medical Sciences (NIGMS)	Mental Health (NIMH)	Minority Health & Health Disparities (NIMH)
Neurological Disorders & Stroke (NINDS)	Nursing (NINR)	Library of Medicine (NLM)	Clinical Center (CC)	Information Technology (CIT)	Scientific Review (CSR)
Fogarty International (FIC)	Translational Sciences (NCATS)	Complementary & Integrative Health (NCCIH)			

NIH Funding (FY 2023 - \$47.3B)

Spending outside NIH

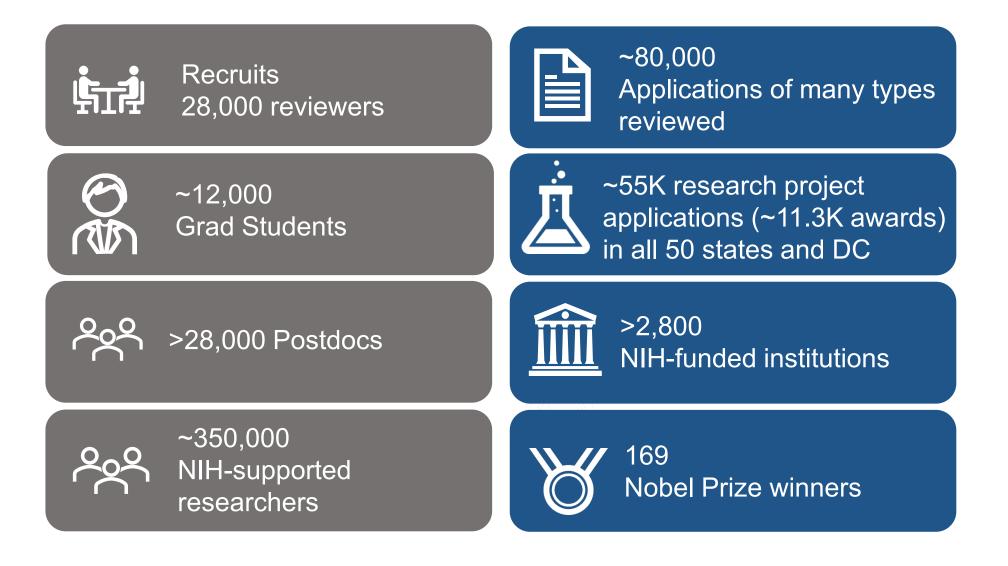
- Research project grants at universities, medical schools
- Research centers
- Other research grants
- Research training
- R&D contracts



Spending at NIH

- Projects conducted by NIH scientists
 10.65% of budget
- Research management and support
- Other (administrative, construction, maintenance, operational costs)

NIH Extramural Program By the Numbers



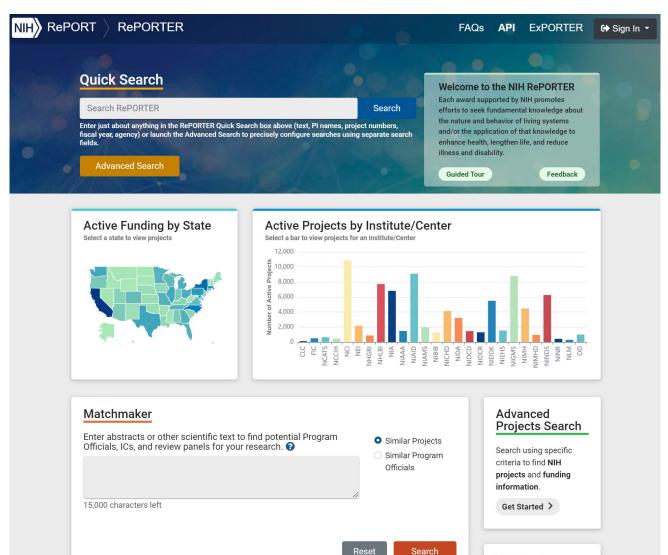
NIH's Approach

- Majority of funding: investigator-initiated research
- NIH also develops initiatives to foster the acceleration of knowledge



Finding funding opportunities

- Matchmaker tool in NIH RePORTER
- Browse strategic plans, portfolio areas, research priorities
- Use NIH Guide to identify relevant notices of funding opportunities (NOFOs).



Publications

Identify the right grant type

Graduate/Medical Student

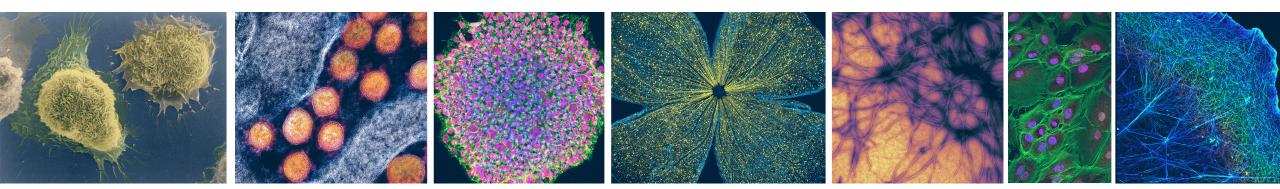
- Dissertation Grant: R₃6
- NRSA Fellowships: F30, F31
- Institutional Training Grant: T₃₂
- Research Residency (MDs): R25
- Diversity Supplements

Postdoctoral Fellow

- NRSA Fellowship: F32
- K-Awards: K99/Roo
- Institutional Training Grant: T₃₂
- Research Education Grant: R25
- Diversity Supplements
- Loan Repayment Program

Early-Career Faculty

- K-Awards: Ko1, Ko8, K23
- Research Education Grant: R25
- Research Project grants: Ro1, R21, Ro3
- Diversity Supplements
- Loan Repayment Program



NIH *Turning Discovery Into Health*

